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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."**

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001				Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE <input type="checkbox"/>	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS		15				
FOR		NUMBER FILED	NUMBER EXTRA	RATE	FEE	
TOTAL CHARGEABLE CLAIMS		15 minus 20 =	*	BASIC FEE	370.00	
INDEPENDENT CLAIMS		1 minus 3 =	*	X\$ 9=		
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>				X42=		
				+140=	+280=	
				TOTAL	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL ENTITY OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=
Independent	*	Minus	***	=	X42=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				+140=	+280=	
				TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=
Independent	*	Minus	***	=	X42=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				+140=	+280=	
				TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=
Independent	*	Minus	***	=	X42=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				+140=	+280=	
				TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _____

1481

Total Fee Calculation

Fee Code	Total # Claims	Number Extra X	Fee		Fee	=	Total
			Sm./Lg.	Entity		Sm. Entity	
Basic Filing Fee	<u>201/101</u>						
Total Claims >20	<u>203/103</u>	-20 =		X			
Independent Claims >3	<u>202/102</u>	-3 =		X			
Mult. Dep Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						
English Translation	<u>139</u>						

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ _____

Less Filing Fees Submitted - \$ 280

BALANCE DUE = \$ _____

Office of Initial Patent Examination